

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 003156
APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				51					
2		1			52					
3			1		53					
4				1	54					
5					55					
6					56					
7					57					
8					58					
9					59					
10					60					
11					61					
12					62					
13					63					
14					64					
15					65					
16					66					
17					67					
18					68					
19					69					
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24					74					
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30					80					
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36					86					
37					87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.	1				TOTAL IND.					
TOTAL DEP.	12				TOTAL DEP.					
TOTAL CLAIMS	13				TOTAL CLAIMS					